

**Congregation Shir Shalom Religious School
Emergency/Medical Information Form
(Must be completed & signed)**

Student Name _____ **Grade** _____

Responsible Parent and Telephone **(during Religious School hours):**

Name: _____ Phone: (___) _____

Alternate Contact For Emergency: _____ Phone: (___) _____

Relationship to student: _____

Child's Physician _____ Phone: (___) _____

Child's Dentist: _____ Phone: (___) _____

Health Insurance Name: _____ Policy # _____

Allergies to food: _____ **Symptoms:** _____

Allergies to medications: _____

___ Check here if allergies are seasonal. Allergy prescriptions year round: Yes No

Is the child taking medication regularly (not for seasonal allergies) or being treated for any condition?

If so, please list/explain:

Any other important medical/educational needs during Religious School hours:

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Shir Shalom children/youth ministry activities, events, retreats and childcare during the period of September 1, 2019 - May 31, 2020.

LIABILITY RELEASE: In consideration of Shir Shalom allowing the Participant to participate in religious school activities (worship, meetings, activities, and field trips). I, the undersigned, do hereby release, forever discharge and agree to hold harmless Shir Shalom, its clergy, directors, employees, volunteers and teachers (collectively herein the "Temple") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the religious school activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in religious school activities, including trips away from the temple premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Temple for any liability sustained by said Temple as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto. The undersigned also gives the Temple permission to use Participant's photograph or video image on behalf of Shir Shalom including, but not limited to publicity, web content, advertising, and marketing.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Shir Shalom. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Parent Signature _____

Print Parent Name _____ **Date** ___/___/2019

IMPORTANT: Please indicate in a separate attachment specific educational needs and/or conditions that apply to your child in order for us to best serve him/her/them (confidential). If your child receives special services in public school, please describe how *our school* can help support the educational process for him/her/them.